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Attorney Docket No.: PHAN-00100

BOX NEW PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor: James L. Hobart et al.

Title: DUAL MODE LASER DELIVERY SYSTEM PROVIDING CONTROLLABLE DEPTH OF TISSUE ABLATION AND CORRESPONDING CONTROLLABLE DEPTH OF COAGULATION

CERTIFICATION UNDER 37 CFR § 1.10

I hereby certify that this New Application and the documents referred to as enclosed herein are being deposited with the United States Postal Service on this date, February 3, 1998, in an envelope bearing "Express Mail Post Office To Addressee" Mailing Label Number EM295432812US addressed to: PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Danielle Dalton
(Name of Person Mailing Paper)

Jonathan O. Owens
Signature

Enclosed are:

1. The papers required for filing date under CFR § 1.53(b):

<u>24</u>	Pages of Specification (including claims);	<u>8</u>	Sheet(s) of Drawings.
			Formal
			<u>X</u> Informal
2. X Declaration or Oath (unexecuted)
3. X Power of Attorney (unexecuted)
4. - Assignment of the Invention to PHANTOM TECHNOLOGIES, INC. (including Form PTO-1595).
5. Fee Calculation

<u>-</u>	Amendment changing number of claims or deleting multiple dependencies is enclosed.
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CLAIMS AS FILED

	Number Filed	Number Extra	Rate	Basic Fee
				\$790.00
Total Claims	40 - 20 =	20	\$22.00	440.00
Independent Claims	8 - 3 =	5	\$82.00	410.00
Multiple Dependent claim(s), if any			\$270.00	0.00
			Filing Fee Calculation	\$1,640.00

6. X Verified Statement (Declaration) Claiming Small Entity Status (unexecuted)

	50% Filing Fee Reduction (if applicable)	\$820.00
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7. Other Fees

<u>-</u>	Assignment Recordation Fee	
<u>-</u>	Other	0.00
TOTAL FEES ENCLOSED		\$820.00
8. Payment of Fees

<u>X</u>	Check in the amount of \$820.00 enclosed.
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9. X Authorization to Charge Additional Fees

The Commissioner is hereby authorized to charge any additional fees (or credit any overpayment) associated with this communication and which may be required under 37 CFR § 1.16 or § 1.17 to Account No. 08-1275. An originally executed duplicate of this transmittal is enclosed for this purpose.
10. - Information Disclosure Statement
11. X Return Receipt Postcard

Dated: February 3, 1998

By: Jonathan O. Owens
Name: Jonathan O. Owens
Registration No.: 37,902

PATENT
Attorney Docket No.: PHAN-00100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Group:
)	Art Unit:
James L. Hobart <i>et al.</i>)	Examiner:
)	
Serial No.:)	
)	
Filed: herewith)	POWER OF ATTORNEY BY ASSIGNEE
)	
For: DUAL MODE LASER DELIVERY)	
SYSTEM PROVIDING CONTROLLABLE)	
DEPTH OF TISSUE ABLATION AND)	
CORRESPONDING CONTROLLABLE)	
DEPTH OF COAGULATION)	

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

PHANTOM TECHNOLOGIES, INC., Assignee of the above-identified application by Assignment dated _____ hereby appoints the members of the firm of HAVERSTOCK & OWENS LLP, a firm including Thomas B. Haverstock (Reg. No. 32,571), Jonathan O. Owens (Reg. No. 37,902) Derek J. Westberg (Reg. No. 40,872) and Richard H. Butt (Agent, Reg. No. 40,932), 260 Sheridan Avenue, Suite 420, Palo Alto, California 94306, telephone: (650) 833-0160, facsimile: (650) 833-0170, as its attorneys with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith.

Please direct all correspondence regarding this application to the following:

Thomas B. Haverstock
HAVERSTOCK & OWENS LLP
260 Sheridan Avenue, Suite 420
Palo Alto, California 94306
Telephone: (650) 833-0160
Facsimile: (650) 833-0170

I hereby certify that the Assignment document filed with the application or filed subsequent to the filing date of the application, has been reviewed and I hereby certify that, to the best of my knowledge and belief, title is with **PHANTOM TECHNOLOGIES, INC.**

PHANTOM TECHNOLOGIES, INC.

Dated: _____

By: _____
Name: _____
Title: _____

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PATENT

Attorney Docket No.: PHAN-00100

Applicant Or Patentee: James L. Hobart *et al.*
 Serial or Patent No.:
 Filed or Issued: herewith
 Entitled: DUAL MODE LASER DELIVERY SYSTEM PROVIDING CONTROLLABLE DEPTH OF TISSUE
 ABLATION AND CORRESPONDING CONTROLLABLE DEPTH OF COAGULATION

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
 STATUS (37 CFR § 1.9(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

 the owner of the small business concern identified below:
 X an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern: PHANTOM TECHNOLOGIES, INC.
 Address of Concern: 845 Commercial Street, Palo Alto, CA 94303

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR §§ 121.3-18, and reproduced in 37 CFR § 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled DUAL MODE LASER DELIVERY SYSTEM PROVIDING CONTROLLABLE DEPTH OF TISSUE ABLATION AND CORRESPONDING CONTROLLABLE DEPTH OF COAGULATION by inventor(s) James L. Hobart *et al.* described in:

 X the specification filed herewith
 Application Serial No. , filed herewith
 Patent No. , issued

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR § 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR § 1.9(d) or a nonprofit organization under 37 CFR § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR § 1.27).

Full Name: _____
 Address: _____
 [] Individual [] Small Business Concern [] Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR § 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: _____

Title in Organization: _____

Address of Person Signing: 845 Commercial Street, Palo Alto, CA 94303

Dated: _____ Signature: _____

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